



## **FY 2001 Final Report/Carry-Over Application**



New Jersey Department of Education  
**Improving America's Schools Act (IASA)**  
**Class-Size Reduction Initiative**  
 Fiscal Year 2001

**SUBMIT TO COUNTY  
 OFFICE OF  
 EDUCATION ONLY**

**Final Report/Carry-Over Application**  
**Title Page**

Date received by the  
 county office \_\_\_\_\_

<b>{ } Individual LEA Applicant</b>				<b>{ } Consortium Applicant</b>	
<b>Project Code: CSR</b> _____ <b>- 01</b> { } Final Report for FY 2001 Class-Size Reduction Application { } Carry-Over Application for FY 2002				<b>Project Period: 9/1/00 to 8/31/01</b>	
1. LEA:				2. County:	
3. Project Director:			3a. Tel. #:		3b. FAX #: E-mail:
4. Address:					
<b>CLASS-SIZE REDUCTION INITIATIVE</b>	<b>5. Approved Amount</b>	<b>6. Expended Amount</b>	<b>7. Unexpended Balance</b>	<b>8. Proposed Carry-Over</b>	<b>9. Amount Being Returned to NJDOE</b>
	\$	\$	\$	\$	\$
<b>FOR CARRY-OVER FUNDS ONLY</b>					
10. Reason Funds Were Not Expended During the Project Period: (Attach additional sheets if necessary.)					
11. Board Secretary/Business Administrator (Signature):				Board Approval Date (Carry-Over only):	
12. Approved by Chief School Administrator (Signature):				Date:	
<b>ONLY FOR USE BY CONSORTIUM APPLICANTS APPLYING FOR CARRY-OVER</b>					
13. { } As the applicant agency for the consortium, I certify that all participating LEAs are in agreement with the Carry-Over Application.					
<b>COUNTY/SEA USE ONLY FOR FINAL REPORT APPROVAL AND/OR CARRY-OVER APPLICATION APPROVAL</b>					
County Office		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature: _____ Date: _____	
OGMD		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature: _____ Date: _____	
<b>COPY DISTRIBUTION:</b> County Office                      Chief School Administrator					



New Jersey Department of Education  
**Improving America's Schools Act (IASA)**  
**Class-Size Reduction Initiative**  
Fiscal Year 2001

Project Period 9/1/2000 to 8/31/2001  
**Final Report – Status Report**

LEA: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PROJECT CODE: CSR \_\_\_\_ - 01

GOAL/OBJECTIVE/ ACTIVITY CODE	STATUS OF OBJECTIVES AND ACTIVITIES BASED ON EVALUATION PLAN RESULTS
	<p data-bbox="928 1360 1493 1393">Attach copy of the “CSR Annual Report”</p>

*Use additional sheets, if needed*



New Jersey Department of Education  
**Improving America's Schools Act (IASA)**  
**Class-Size Reduction Initiative**  
 Fiscal Year 2001  
**Budget Summary – Final Report – Expenditures**

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: CSR \_\_\_\_ -01

EXPENDITURE CATEGORY	FUNCTION & OBJECT CODES	TITLE VI CLASS-SIZE INITIATIVE			
		PROGRAM COSTS	PROFESSIONAL DEVELOPMENT	ADMINISTRATION	TOTAL
		72% Min.	25% Max.	3% Max	
<b>INSTRUCTION</b>					
Salaries of Teachers	100-101				
Other Salaries for Instruction	100-106				
Purchased Prof. & Tech. Services	100-300				
Other Pur. Serv. (400-500 series)	100-500				
Tuition	100-560				
General Supplies	100-610				
Textbooks	100-640				
Other Objects	100-800				
<b>SUBTOTAL INSTRUCTION</b>					
<b>SUPPORT SERVICES</b>					
Sal. of Supervisors of Instruction	200-102				
Sal. of Program Directors	200-103				
Sal. of Other Professional Staff	200-104				
Sal. of Secretarial & Clerical Assist.	200-105				
Other Salaries	200-110				
Personal Serv. - Employee Benefits	200-200				
Purchased Prof. - Ed. Services	200-320				
Other Purchased Prof. Services	200-330				
Purchased Technical Services	200-340				
Rentals	200-440				
Contracted Services - Transport. Other Than Betw. Home & School	200-516				
Travel	200-580				
Other Pur. Serv. (400-500 series)	200-590				
Supplies and Materials	200-600				
Indirect Costs	200-860				
Other Objects	200-890				
<b>SUBTOTAL - SUPPORT SERVICES</b>					
<b>FACILITIES ACQ &amp; CONSTR SERV</b>					
<b>Buildings (Use charge)</b>	400-720				
Instructional Equipment	400-731				
Noninstructional Equipment	400-732				
<b>SUBTOTAL - FAC ACQ &amp; CONSTR</b>					
<b>Schoolwide (Abbott)</b>	520-930				
<b>Schoolwide (Non-Abbott/3<sup>rd</sup> Cohort Abbott)</b>	520-932				
<b>GRAND TOTAL</b>					

LEA Business Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

LEA Business Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



New Jersey Department of Education  
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Fiscal Year 2001

**Final Report – Federal Equipment Inventory**

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: CSR \_\_\_\_ - 01

Acquisition Date	Description (Name, Type, Size)	Manufacturer/ Model	Serial/Inventory Number	Unit Acquisition Cost	CSR Cost	% of CSR Cost	Location in LEA

LEA Business Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_





New Jersey Department of Education  
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 Fiscal Year 2001  
**Budget Summary Carry-Over Application**

LEA: \_\_\_\_\_

County: \_\_\_\_\_

Project Code: CSR- \_\_\_\_\_-01

Carry-Over Project Period: 9/1/01-8/31/02

EXPENDITURE CATEGORY	FUNC. & OBJECT CODES	Class-Size Reduction Budget			
		Program Costs <b>72% Min</b>	Professional Development <b>25% Max</b>	Administration <b>3% Max</b>	Total
INSTRUCTION					
Personal Services - Salaries	100-100				
Purchased Prof. & Tech. Services	100-300				
Other Purchased Services	100-500				
General Supplies	100-600				
Other Objects	100-800				
SUBTOTAL INSTRUCTION					
SUPPORT SERVICES					
Personal Services - Salaries	200-100				
Personal Services-Employee Benefits	200-200				
Purchased Prof. & Tech Services	200-300				
<i>Purchased Prof. - Ed. Serv.</i>	200-320				
Purchased Property Services	200-400				
Other Purchased Services	200-500				
<i>Travel</i>	200-580				
Supplies and Materials	200-600				
Other Objects	200-800				
<i>Indirect Costs</i>	200-860				
SUBTOTAL-SUPPORT SERVICES					
FAC ACQ & CONSTRUCTION SERV - Buildings	400-720				
Instructional Equipment	400-731				
Noninstructional Equipment	400-732				
SUBTOTAL-FACILITIES ACQ. & CONSTRUCTION SERVICES					
Schoolwide Programs: Abbott	520-930				
Schoolwide Programs: Non-Abbott	520-932				
TOTAL PROJECT EXPENDITURES					

LEA BUSINESS ADMINISTRATOR NAME

LEA BUSINESS ADMINISTRATOR SIGNATURE

DATE





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 FY 2001

**Budget Detail – Carry-Over Application**

LEA \_\_\_\_\_

COUNTY \_\_\_\_\_ Project Code: CSR\_\_\_\_\_-01

**TPAF/FICA: 15% minimum**

**Project Period: 9/1/01-8/31/02**

EXPENDITURE CATEGORIES			BUDGET			JUSTIFICATION CODES
EXPENDITURE CATEGORY	FUNCTION/OBJECT CODES	DESCRIPTION/ITEMIZATION	Program (72% min)	Prof. Dev. (25% max)	Admin (3% max)	
						<b>Grand Totals</b>

LEA Business Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_